



**Project Advance (HSCRC) Grant Program Application 2018**  
 Anne Arundel Medical Center  
 Department of Clinical Education & Professional Development  
**Application deadline is June 15, 2018**

To be eligible for Project Advance, employees must:

- a) work at AAMC for at least six months
- b) work a 0.5 FTE position or above
- c) be in good clinical standing (e.g. have no written disciplinary actions)
- d) must have a letter of acceptance from a college of nursing and an expected start date for the ADN/BSN/MSN/DNP/PhD nursing program

*(Please print clearly)*

Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Complete mailing address (including zip code):  
 \_\_\_\_\_

Phone : \_\_\_\_\_ Phone (work): \_\_\_\_\_

Job Title: \_\_\_\_\_ Unit/Department: \_\_\_\_\_

Current work status (FTE): \_\_\_\_\_ Years at AAMC: \_\_\_\_\_

Clinical Director: \_\_\_\_\_

Name of College/University you are currently enrolled in:  
 \_\_\_\_\_

Type of degree program (e.g. ADN, BSN, MSN , DNP) \_\_\_\_\_

Anticipated graduation date: \_\_\_\_\_

**THE FOLLOWING ITEMS SHOULD BE ATTACHED TO THIS APPLICATION FORM:**

- A written essay **signed** by applicant describing career goals:
- Copy of RN license from the web (if applicant is an nurse)
- Copy of college acceptance letter (application can be used as a place holder)
- Copy of course of study (classes to be taken throughout path to degree)
- Copy of past and current official college transcripts
- Copy of high school diploma or GED (if applicant is not a nurse)

For more information about Project Advance, please contact Gena Kosmides at ext. 1541 or [gkosmides@aahs.org](mailto:gkosmides@aahs.org).

Completed applications should be hand delivered to the Department of Clinical Education and Professional Development, Sajak Pavilion, Suite 255. Incomplete applications will not be considered by the Project Advance Steering Committee. **Note: Your clinical director must co-sign this application. Directors: By signing, you are verifying the applicant is in good clinical standing and you support his or her application for the Project Advance Program.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Clinical Director Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**